

## Video legends

**Video 1:** Patients with Allan-Herndon-Dudley syndrome present symptoms of parkinsonism in childhood. (Videos are available from the authors upon request)

**Video 2:** Clinical improvement under levodopa/carbidopa therapy. (Videos are available from the authors upon request)

## Supplementary methods

**Supplementary methods 1: Infantile Parkinsonism-Dystonia Rating Scale (IPDRS).**

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The IPDRS will soon be submitted to *Movements Disorders* and includes the following subscales:

**1. Non-motor symptoms** (caregiver report)

- Autonomic dysfunction 5 items  
*Thermoregulation, Respiratory, Gastrointestinal, Sleep, Other*
- Mood dysfunction / emotional lability 1 item

**2. Motor symptoms** (physical examination, caregiver report for OGC)

- Oculogyric crises (OGC) (severity, duration, frequency) 3 items
- Bradykinesia 5 items  
*Spontaneous movements (global, facial, lower limbs, upper limbs)*

*Voluntary movements (upper limbs)*

- Tremor (distribution, severity) 2 items
- Rigidity (distribution, severity) 2 items
- Dystonia (severity) 4 items  
*Facial, axial, upper limbs, lower limbs*

- Axial hypotonia 2 items
- Motor developmental delay 1 item

**3. Dyskinesia** (physical examination)

- Hyperkinetic involuntary movements (severity, duration, distribution) 3 items  
*(excludes dystonia, tremor, tics, stereotypies)*

## Supplementary methods 2: Neuroimaging, volumetry, and PET-studies

Neuroimaging data were collected retrospectively. For **volumetric neuroimaging**, magnetic resonance imaging (MRI) was performed on a 3 Tesla MRI system (Skyra Magnetom, Siemens Healthineers, Erlangen, Germany) with a 64-element head coil. The sagittal T1-weighted magnetization prepared rapid gradient echo (MPRAGE) sequence took 5 min, 21 s (voxel size  $0.9 \times 0.9 \times 0.9 \text{ mm}^3$ , field of view  $240 \text{ mm}^2$ , repetition time [TR] = 2,300 ms, echo time [TE] = 2.32 ms, TI = 900 ms, flip angle 1 =  $8^\circ$ ). Digital imaging and communications in medicine (DICOM) data were converted to the Neuroimaging Informatics Technology Initiative (NIfTI) format using the dcm2niix tool [1]. The resulting NIfTI files were segmented according to the Desikan-Killiany atlas [2] using the FreeSurfer v6.0 [3] recon-all pipeline. The resulting segmentation masks were compared with those of healthy subjects [8]. Total white matter brain volume was calculated as follows: total white matter = supra tentorial volume excluding ventricles - (total gray matter + left cerebellar cortex + right cerebellar cortex)/3.

**Positron emission tomography** (PET) list-mode data were acquired in a Biograph mMR PET/MRI scanner (Siemens Healthineers, Erlangen, Germany) over a 60 minute period, initiated concurrently with intravenous bolus administration of 86 MBq (14-year-old patient) and 49 MBq (5-year-old patient)  $^{18}\text{F}$ -DOPA. List-mode data were reconstructed with standard parameters (OSEM, 3 iterations, 21 subsets, correction for attenuation and scatter) and in 20 frames ( $3 \times 20 \text{ s}$ ,  $3 \times 1 \text{ min}$ ,  $3 \times 2 \text{ min}$ ,  $3 \times 3 \text{ min}$ ,  $7 \times 5 \text{ min}$ ,  $1 \times 6 \text{ min}$ ). PET was corrected for head motion between frames and the individual PET mean images and individual T1 images were co-registered. Each T1 image was spatially normalized using the unified segmentation approach with default setting and the computed normalization parameters were then applied to the co-registered PET frames and the individual subcortical brain segmentation masks from FSL. PET data were analyzed using Statistical Parametric Mapping 12 (Wellcome Department of Imaging Neuroscience, Institute of Neurology, London, <http://www.fil.ion.ucl.ac.uk/spm/>) and based on a previously described pipeline [4]. Dopamine synthesis capacity was quantified as  $^{18}\text{F}$ -DOPA rate constant per min ( $K_i$ ), which was estimated voxel by voxel using Gjedde-Patlak linear graphical analysis [5]. Radioactivity time curves in the cerebellum mask from the automated anatomical labeling atlas [6] were used as input function. The linear fit was restricted to the time interval 5-60 min after injection. Mean  $K_i$  values were extracted from the voxelwise map for each individual subcortical regions-of-interest (caudate nucleus, putamen, accumbens nucleus, pallidum, amygdala, hippocampus, thalamus). Normal values of  $n=44$  adult  $^{18}\text{F}$ -DOPA rate constants ( $K_i$ ) in regions of interest were digitized from published figures [7].

## References

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### Supplementary methods 3: Differentiation of iPSC to dopaminergic neurons, microscopic imaging, and measurement of intracellular biogenic amines

**Differentiation of iPSCs to dopaminergic neurons.** To generate dopaminergic neurons from iPSCs, we obtained the NCRM-1 iPSC line (<https://hpscreg.eu/cell-line/CRMi003-A>) commercially from RUCDR Infinite Biologics (RUCDR). Cells were cultured on Geltrex (Cat# A1413302, Gibco) coated six-well plates (Cat# 353046, Falcon) in mTESR1 (Cat# 85851, Stem Cell Technologies) under hypoxic conditions (5% CO<sub>2</sub>, 5% O<sub>2</sub>, 37°C). Cell culture medium was changed daily and cells were enzymatically dissociated with dispase (Cat# 354235, Corning).

Differentiation of iPSCs to neuronal progenitor cells (NPCs) was performed following published protocols [1,2]. Briefly, iPSC colonies were detached with dispase. Cell clusters were transferred into a uncoated non-tissue culture six-well plate (Cat# 351146, Falcon) and cultivated for two days in **medium 1** [Knockout DMEM (Cat# 10829018, Gibco), 20% knockout serum replacement (Cat# 10828-028, Gibco), 1 mM beta-Mercaptoethanol (Cat# 21985-023, Gibco), 1% MEM non-essential amino acids (Cat# 11140035, Invitrogen), 1% Pen/Strep, 1% Glutamine (Cat# 25030-024, Invitrogen), 10 µM SB-431542 (Cat# 130-106-543, Miltenyi Biotech), 1 µM Dorsomorphin (Cat# P5499-5MG, Merck), 3 µM CHIR 99021 (Cat# 4423, Trocis), and 0.5 µM Purmorphamine]. When cells had formed spherical clusters, medium was changed to **medium 2** [1:2 DMEM F-12 (Cat# 31330-038, Gibco), 1:2 Neurobasal (Cat# 21103-049, Gibco), 1:200 N2 (Cat# 17502-048, Gibco), 1:100 B27 (without vitamin A, Cat# 12587010, Gibco), 1% Pen/Strep, 1% Glutamine, 10 µM SB-431542, 1 µM Dorsomorphin, 3 µM CHIR 99021, and 0.5 µM Purmorphamine]. After another two days incubation, medium was changed to **medium 3** [1:2 DMEM F-12, 1:2 Neurobasal, 1:200 N2, 1:100 B27 (without vitamin A), 1x MycoZap Plus-CL (Cat# VZA-2012, Lonza), 2 mM Glutamine, 3 µM CHIR 99021, 0.5 µM Purmorphamine, and 150 µM ascorbic acid (Cat# A7631, Sigma Aldrich)]. After another two days, cell spheres were shredded and transferred into a Geltrex-coated 24-well plate (cell culture-treated). For the first day, 1 µM ROCK inhibitor (Cat# 1254, Trocis) was added to the cell culture medium. NPC were cultivated Geltrex-coated six-well cell culture plates (Cat# 353046, Falcon) in medium 3 under normoxic conditions (5% CO<sub>2</sub>, 37°C). Medium was changed every other day. NPCs were split once a week with Accutase (Cat# A1110501, Gibco).

The differentiation of NPCs to dopaminergic neurons was performed as described before [1]. Briefly, NPCs were expanded in a 6-well plate and cultivated in **medium 3** under normoxic conditions. After seven days, cell culture medium was changed to **medium 4** [1:2 DMEM F-12, 1:2 Neurobasal, 1:200 N2, 1:100 B27 (with vitamin A, Cat# 17504044, Gibco), 1x MycoZap Plus-CL, 2 mM Glutamine, 0.5 µM Purmorphamine, 150 µM ascorbic acid, and 100 ng/ml FGF8a (Cat# 100-25A, Pepro-tech)] (day 1). After two more bidaily medium changes, cells were expanded in more wells of a Geltrex-coated 6-well plate and on Geltrex-coated glass coverslips in culture **medium 5** [1:2 DMEM F-12, 1:2 Neurobasal, 1:200 N2, 1:100 B27 (with vitamin A, Cat# 17504044, Gibco), 1x MycoZap Plus-CL, 2 mM Glutamine, 150 µM ascorbic acid, 10 ng/ml BDNF (Cat# 450-02, Pepro-Tech), 10 ng/ml GDNF (Cat# 450-10, Pepro-Tech), 1 ng/ml TGF- $\beta$ 3 (Cat# 100-36E, Pepro-Tech), and 500 µM dbcAMP (Cat# D0260, Sigma Aldrich), supplemented with 0.5 µM Purmorphamine] (day 8). After 48 hours, the medium was changed

to medium 5 without Purmorphamine supplementation (day 10) and cells were cultivated in this medium for the rest of the experiment with bidaily medium change.

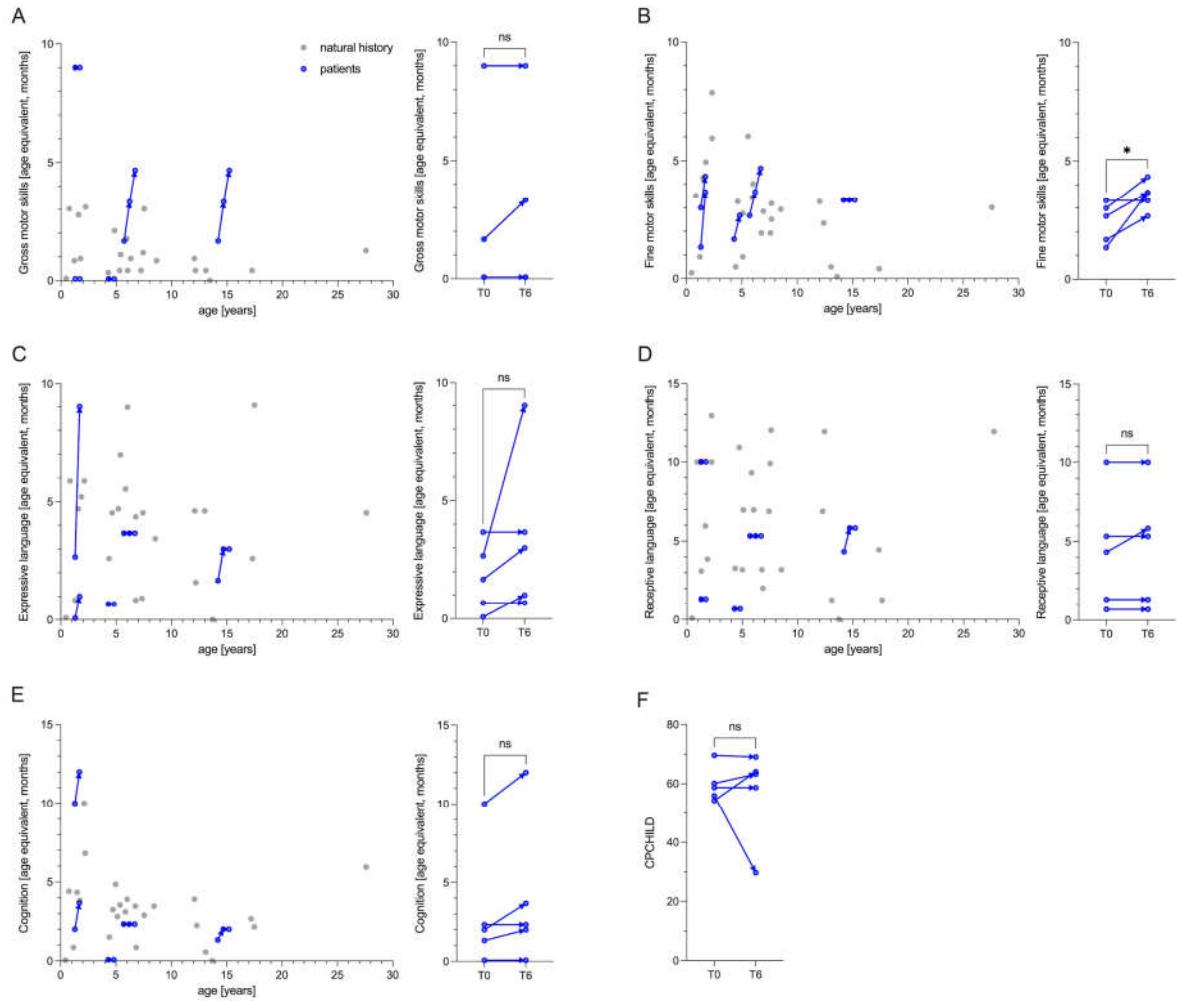
**Immunofluorescence labeling and imaging.** For immunofluorescence labeling, after fixation, samples were thoroughly rinsed with PBS, blocked in PBS, containing 5% normal donkey serum (Cat# ab7475, Abcam) and 0.3% Triton X-100 (Cat# T-9284, SIGMA), and incubated with a mixture of well-established primary antibodies (rabbit-anti-MCT8: 1:200, Cat# NBP2-57308, Novus Biologicals; mouse-anti-TUJ1: 1:1000, Cat# T8578, Sigma-Aldrich; chicken-anti-TH: 1:200, Cat# ab76442, Abcam) diluted in 0.5% normal serum and 0.03% Triton X-100 at 4° C overnight. After several washing steps with PBS, samples were incubated with corresponding secondary antibodies (donkey-anti-rabbit-Cy3: 1:250, Cat# AP182C, Merck; donkey-anti-mouse-A488: 1:250, Cat# ab150105, Abcam; donkey-anti-chicken-647: 1:250, Cat# A78952, Thermo Fisher Scientific) for one hour at room temperature. Nuclei were counterstained with 4,6-diamidino-2-phenylindole (DAPI, 1:1000, Cat# D1306, Invitrogen) in PBS, and samples were mounted in fluorescence mounting medium (Mowiol 4-88, Carl Roth) followed by coverage with cover slips. For immunofluorescence labeling, neuronal cultures were fixed with 100% ethanol for 10 seconds and stained as described [3]. A THUNDER Imager DMi8 with a Leica DFC9000 GT camera and LAS(X) software (Leica Application Suite (X), version 3.7.4.23463, Leica Microsystems) was used for image acquisition.

**Measurement of intracellular biogenic amines.** For the measurement of intracellular biogenic amines in dopaminergic neurons, we used neuronal cultures differentiated for 22, 35, and 42 days (n=2 cultures from each time point). 28 h and 4 h before cell extraction, we added 150 µM of the precursor levodopa (Cat# 3788, Tocris) to the media. For extraction, we added ice-cold methanol to the neuronal cultures, scraped the cells from the dish and transferred them to a solvent-resistant Eppendorf tube for incubation for 10 min at -20°C. After centrifugation at 24,000 x g, 4°C for 5 minutes, the supernatant was stored in liquid nitrogen and subsequently analyzed for biogenic amines, 5-MTHF, and pterins. The measurement of intracellular biogenic amines was done as published [4].

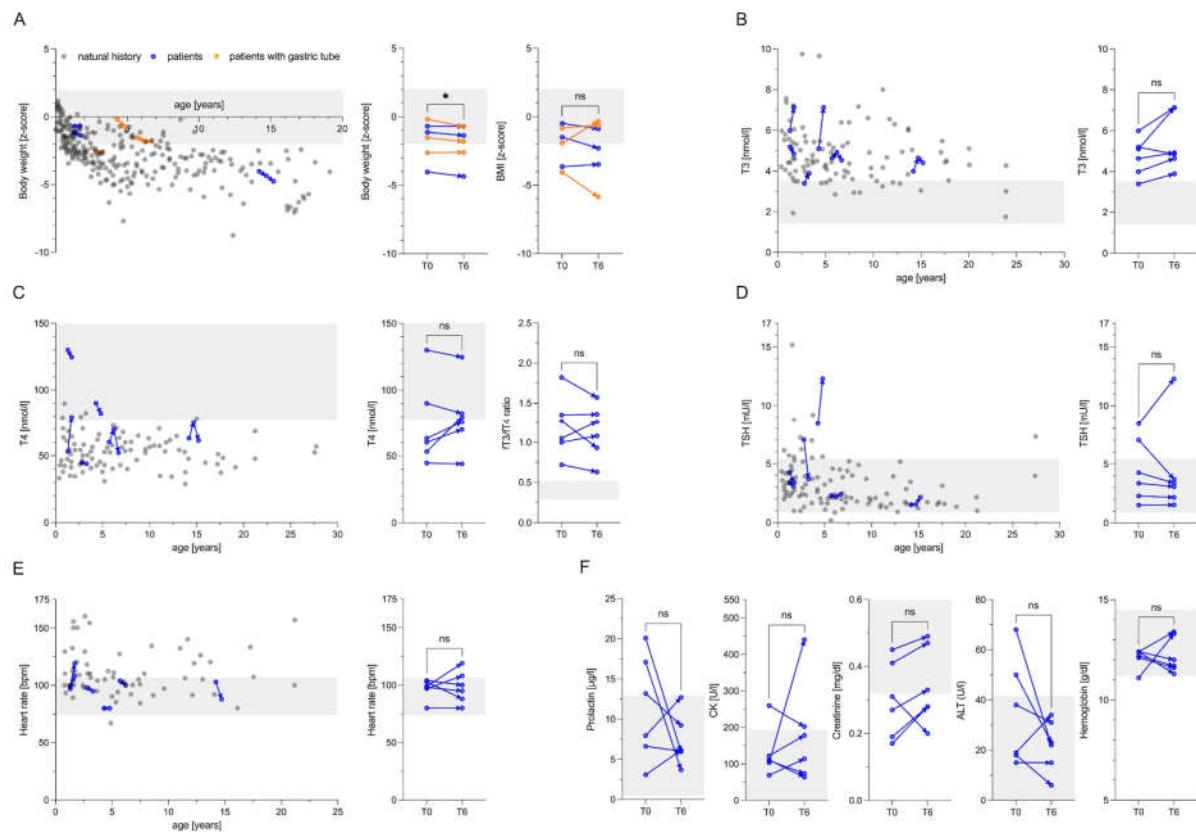
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## Supplementary figures



**Supplementary figure 1: Development and quality of life under levodopa/carbidopa treatment.** (A-E) Patients exhibited significant improvement in fine motor skills when assessed using the *Bayley Scales of Infant and Toddler Development Third Edition (BSID-III)*, while no notable changes were observed in other categories. The natural history data were extracted with ImageJ from the published work referenced in the text [11]. The hypothesis of a normal distribution was always tested using the Shapiro-Wilk test ( $\alpha = 0.05$ ). In the event that the data were normally distributed, the statistical significance of the differences between the groups was evaluated through the application of a paired t-test. In the event that the data were not normally distributed, the Wilcoxon test was applied. ns, not significant; \*,  $p \leq 0.05$ . (F) No significant improvement in the quality of life, as measured by the *Cerebral Palsy Child Health Index of Life with Disabilities (CPCHILD)*, could be reported. One family experienced a period during which a gastric tube was placed in their child and hip surgery was performed, and thus reported a reduced quality of life. The data were not normally distributed according to the Shapiro-Wilk test. The statistical significance of differences between the groups was tested by applying the Wilcoxon test. ns, not significant.



**Supplementary figure 2: No adverse drug reactions were seen under levodopa/carbidopa treatment.**  
 Adverse drug reactions of the levodopa/carbidopa treatment were neither reported by parents (**A-F**) nor could any significant negative changes in patients' (depicted in blue) body mass index (BMI), heart rate, or laboratory tests be identified. Three patients were fitted with a gastric tube (depicted in orange). The natural history data (depicted in gray) were extracted from published work using the image processing software ImageJ. The hypothesis of a normal distribution was tested using the Shapiro-Wilk test ( $\alpha = 0.05$ ). In the event that the data exhibited a normal distribution, the statistical significance of the differences between the groups was evaluated through the application of a paired t-test. Conversely, in instances where the data did not display a normal distribution, the Wilcoxon test was employed. ns, not significant; \*,  $p \leq 0.05$ ; fT3, free triiodothyronine; fT4, free thyroxine; TSH, thyroid stimulating hormone; bpm, beats per minute; CK, creatine kinase (as a marker for muscle fiber damage); ALT, alanine transaminase (as a marker for liver function damage).